

PONY BASEBALL

Fountain Valley



SPONSORSHIP INFORMATION:

Name/Company Name _____

Billing Address _____

City _____

State _____

Zip code _____

Telephone _____

Fax Number _____

Email _____

Company Website _____

Contact Name _____

PLEASE SELECT LEVEL OF SPONSORSHIP:

TRIPLE PACKAGE \$300

- * Logo on Website
- * Social Media Posts

MAJORS PACKAGE \$500

- * Logo on Website
- * Social Media Posts
- * **Banner on Field**

WORLD SERIES PACKAGE \$700

- * Logo on Website
- * Social Media Posts
- * Banner on Field
- * **Email Blast** "Sponsor Spotlight"

PLEDGE INFORMATION

I (we) would like to donate a total \$ of _____

Please use the following name(s) in all acknowledgements: _____

I (we) wish to have our gift remain anonymous

Signature(s) _____ Date _____

**Checks should be made out to Fountain Valley Pony Baseball or complete credit card information below.*

Credit Card Number _____ Expiration Date _____

Company/Name on Card _____ CVC _____ Zip Code _____

Tax ID # 95-2983743

ON BEHALF OF FVPB, WE THANK YOU FOR YOUR SUPPORT!

League Use Only

Payment Received _____ Check # _____ or CC Approval _____ Date Received _____ Initials _____

Logo Received _____ Date Received _____ Initials _____